

RADIOACTIVITY ANALYSES

FROM COMMERCIAL LABORATORIES

Section I: To be completed by the Department of Natural Resources

System Name: _____ City: _____

Pws Id#: _____ County Code: _____ Route Code: _____

Entry Point ID: _____ WI Unique Well No: _____

Sampler Phone/Name/Address

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 nor more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80(9). Personally identifiable information on this form will be used for no other purpose.

System Type:

____ (MC) Municipal Community
____ (OC) OTM Community
____ (NN) Nontransient Noncommuni
____ (TN) Transient Noncommunity

Source Code:

____ W Well
____ E Entry Point
____ D Distribution

Sample Type:

____ G Gross Alpha/Radium Grab Sample
____ C (SDWA) Confirmation Sample
____ W Raw Water Sample
____ I Investigation Sample

Collect sample between: ____/____/____ and ____/____/____ Return results to DNR by: ____/____/____

Section II: To be completed by SAMPLER

Sample Collection Date ____/____/____ Time: ____:____ ☐ a.m.
☐ p.m.

Sample Point Address: _____

Sample Point Descrip: _____

First Initial and
Last Name of Sampler: ____ - _____

Section III: To be completed by LABORATORY OFFICIAL. Report analytical results on back.

☐ Check here if some or all of the parameters were analyzed by a subcontracted lab.

NOTE: A separate form must be completed by each lab with data for only the parameters which that lab analyzed.

Laboratory ID Number: _____ Laboratory Name: _____

Date Sample Received: ____/____/____ Time Sample Received: ____:____ Laboratory Sample ID: _____

Signature of Receiving Lab Official: _____ Date Reported: ____/____/____

Condition of Sample Upon Receipt: _____

Section IV: To be completed by WATER SUPPLY SYSTEM OFFICAL after analysis has been done.

I certify that I personally examined and am familiar with all information submitted on this document and all attachments and that, based on my inquiry of those individuals responsible for obtaining the information. I believe that the information is true and accurate, and complete. I also certify that the values being submitted are the actual values found in the sample; no values have been modified or changed in any manner.

Signature: _____ Title: _____

Date Signed: _____

RADIOACTIVITY ANALYSES

System Name: _____

This page to be completed by WATER SUPPLY SYSTEM OFFICIAL
or by laboratory performing analysis.

PWS ID: _____

Lab Sample ID: _____

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
1501	GROSS ALPHA				15	PCI/L
3501	GROSS BETA				50.0	PCI/L
9503	RADIUM-226 DISS				5	PCI/L
11501	RADIUM-228, TOTAL				5	PCI/L
82303	RADON-222, TOTAL IN WATER					
1082	STRONTIUM TOTAL				8.0	PCI/L
7005	TRITIUM DISS PCI/L				20000	PCI/L
28012	URANIUM, NAT, TOT PCI/L					PCI/L

* Health Advisory

Approved By

QA Officer: _____

Date: _____

Laboratory Manager: _____

Date: _____

Comments: _____